

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038128

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9888

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Length of stay in 1b
11 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Faith Hospital

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Bellefontaine Neighbors

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
10049 Ashbrook Dr. (37)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

DELPHINE

WALSH

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/2/1886

9. AGE (last birthday)

76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

St. Louis, Mo.

11. BIRTHPLACE (City and state or country)

U.S.A.

13a. FATHER'S NAME

August Adams

13b. MOTHER'S MAIDEN NAME

Katherine Spensman

14. NAME OF HUSBAND

William Walsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Ruth Kincer, 5754 Astra 63147

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

1 hour

DUE TO (b)

Arteriosclerotic Heart Disease

Chronic

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/22/63 to 10/2/63 and last saw her alive on 10/2/63
Death occurred at 10⁴⁰ AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Emmanuel MD

22b. ADDRESS

607 No Grand

22c. DATE SIGNED

10/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/7/63

23c. NAME OF CEMETERY OR CREMATORY

New Pickers Cemetery

23d. LOCATION (City, town, or county)

St. Louis

23e. STATE

Missouri

24. FUNERAL DIRECTOR

ADDRESS

BUCHHOLZ MORTUARY, INC., 5967 W. Florissant

25. DATE RECD. BY LOCAL REG.

OCT 4 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59
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STASIS TO E. A. TORG. JAIL. DEATH FOR SILENCE